

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

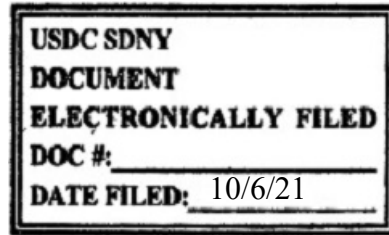
LINDA CROSBY, *as Administrator of the
Estate of Linda Crosby, deceased,*

Plaintiff,

-against-

UNITED STATES OF AMERICA,

Defendant.



20-CV-330 (SDA)

**ORDER SCHEDULING CONTINUED
SETTLEMENT CONFERENCE**

BARBARA MOSES, United States Magistrate Judge.

The Court will conduct a continued settlement conference on **October 22, 2021, at 11:00 a.m.**, by telephone conference call. Only counsel need participate. At that time, they should dial (888) 557-8511, enter the access code 7746387#, and enter the additional security code that chambers will email to counsel in advance of the conference.

The parties are directed to meet and confer in good faith at least once in advance of the conference, and submit a confidential joint settlement update letter, emailed to Moses_NYSDChambers@nysd.uscourts.gov, no later than **October 20, 2021**, providing the Court with (a) any updates on the parties' positions and (b) any key items of evidence (limited to two per side) that the parties believe are particularly relevant to settlement.

Dated: New York, New York
October 6, 2021

SO ORDERED.

A handwritten signature in blue ink, appearing to read "Barbara Moses".

BARBARA MOSES
United States Magistrate Judge

ACKNOWLEDGMENT FORM-SETTLEMENT CONFERENCE

Counsel of record for each party must complete and sign this form and email it to the Court at Moses_NYSDChambers@nysd.uscourts.gov, with copies sent simultaneously to all other parties, no later than one week (seven calendar days) before the parties' scheduled settlement conference.

Name of Case: _____

Docket No.: _____ **Date of Sett. Conference:** _____

Name of Party Submitting this Form: _____ ☐ **Pltf.** ☐ **Def.**

1. Acknowledgment by Counsel. I am lead trial counsel for the party listed above. I acknowledge my obligation to attend the settlement conference in this action by telephone, accompanied by my client (if the client is a natural person), or by a client representative (if the client is a non-natural person) who is a decision-maker with knowledge of the case and responsibility for determining the amount of any ultimate settlement. I further acknowledge that if insurance carrier approval, consent, or funding is required for my client to settle this action, a representative of each relevant carrier, who is a decision-maker with knowledge of the case and responsibility for determining the amount of any ultimate settlement (or the carrier's portion thereof) must attend the conference.

2. Client Attendance.* Check one box:

- ☐ My client is a natural person. My client will attend the settlement conference by telephone.
- ☐ My client is a corporation, union, agency or other non-natural person. The following individual will attend the settlement conference by telephone as a representative of my client:

Name: _____

Title: _____

3. Carrier Attendance.* Check one box:

- ☐ No insurance carrier approval is required for my client to settle this case.
- ☐ The following individual will attend the settlement conference by telephone as a representative of the following insurance carrier:

Name: _____

Title/Name of Carrier: _____

Date

Signature of Lead Trial Counsel

Print Name of Lead Trial Counsel

* If you represent more than one party or require approval from more than one carrier you must submit attendance information for all clients and carriers.